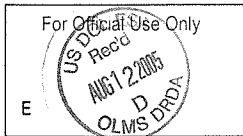


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



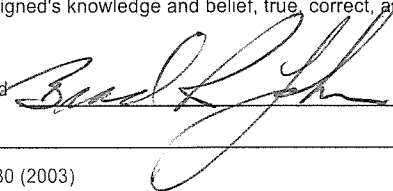
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| | |
|---|---|
| 1. File Number U - <u>5750</u> | 2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / 2004 Through: <u>12</u> / <u>31</u> / 2004 |
| 3. Name and address of person filing. Name <u>BRAD</u> <u>R</u> <u>JOHN</u> P.O. Box, Bldg., Room No., if any Street <u>1015 EAST 900 NORTH</u> City <u>LEHI</u> State <u>Utah</u> ZIP Code + 4 <u>84043</u> | 4. Name, file number, and address of labor organization. Name <u>BOILERMAKERS LOCAL 182</u> Labor Organization File Number <u>033-307</u> P.O. Box, Building and Room Number, if any Street <u>4707 SOUTH 300 WEST</u> City <u>MURRAY</u> State <u>Utah</u> ZIP Code + 4 <u>84107</u> |
| 5. Position in labor organization. <u>BUSINESS MANAGER/SECRETARY TREASURE</u> | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| | |
|--|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name <u>PLANT MAINTENANCE RESOURCES INC</u> Trade Name, if any: <u>PMRI</u> P.O. Box, Bldg., Room No., if any <u>SUITE 700</u> Street <u>2130 N.E. GRIFFIN OAKS ST</u> City <u>HILLSBORO</u> State <u>Oregon</u> ZIP Code + 4 <u>97124</u> | 7.a. Nature of Interest, Transaction, or Income. <u>DINNER MEETING TO DISCUSS WORK OPPORTUNITIES WITH PACIFICORP - DINNER PAID BY PMRI NOVEMBER 4, 2004</u> 7.b. Amount. <div style="text-align: right;">\$40</div> |

Signature

| | | |
|--|---------------------------|---|
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | | |
| Signed <u></u> | On <u>8/10/05</u> Date | <u>801-766-1180</u> Telephone Number |

| | |
|--|-----------------------|
| Name of Person Filing BRAD JOHN | File Number U- |
|--|-----------------------|

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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|--|--|
| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name WESTERN STATES JOINT APPRENTICESHIP COMMITTEE</p> <p>Trade Name, if any: WSJAC</p> <p>P.O. Box, Bldg., Room No., if any PO BOX 1460</p> <p>Street 119 WEST MAIN STREET</p> <p>City EAST HELENA</p> <p>State Montana ZIP Code + 4 59635</p> | <p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>11.a. Nature of such dealing.</p> <p>WESTERN STATES AREA GRADUATE APPRENTICE COMPETITION SPOKANE, WASHINGTON JULY 13-15, 2004</p> |
| | <p>11.b. Approximate dollar value of such dealing. \$2,301</p> |
| | <p>12.a. Nature of interest held or income received.</p> <p>DINNER PAID FOR BY WSJAC AT THE STEAMPLANT JULY 13, 2004</p> |
| | <p>12.b. Amount. \$56</p> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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|---|---------------------------------|
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14.a. Nature of payment.</p> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p> | <p>14.b. Amount of payment.</p> |

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| Name of Person Filing BRAD JOHN | File Number U- |
|--|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

| | |
|---|---|
| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name WESTERN STATES JOINT APPRENTICESHIP COMMITTEE</p> <p>Trade Name, if any: WSJAC</p> <p>P.O. Box, Bldg., Room No., if any PO BOX 1460</p> <p>Street 119 WEST MAIN STREET</p> <p>City EAST HELENA</p> <p>State Montana ZIP Code + 4 59635</p> | <p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>11.a. Nature of such dealing.</p> <p>WESTERN STATES AREA GRADUATE APPRENTICE COMPETITION SPOKANE, WASHINGTON JULY 13-15, 2004</p> |
| | <p>11.b. Approximate dollar value of such dealing. \$4,814</p> |
| | <p>12.a. Nature of interest held or income received.</p> <p>AWARD BANQUET DINNER PAID BY WSJAC</p> |
| | <p>12.b. Amount. \$48</p> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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|--|--|
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14.a. Nature of payment.</p> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p> | <p>14.b. Amount of payment.</p> |

Name of Person Filing BRAD JOHN

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name C.V. ADMINISTRATIVE SERVICES INC.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO BOX 20757

Street 20910 REDWOOD ROAD SUITES E&F

City CASTRO VALLEY

State California ZIP Code + 4 94546-8757

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name BOILERMAKER VACATION TRUST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO BOX 20757

Street 20910 REDWOOD ROAD

City CASTRO VALLEY

State California ZIP Code + 4 94546-8757

11.a. Nature of such dealing.

BOARD OF TRUSTEE MEETING
APRIL 27, 2004
CARMEL CALIFORNIA

11.b. Approximate dollar value of such dealing.

\$455

12.a. Nature of interest held or income received.

REIMBURSED EXPENSES FOR TRAVEL AND MEALS
APRIL 26, 27, 28, 2004

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.